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**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

OCT -4 AM 10:20

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT  
CERTIFICATION**

COMMISSION  
CLERK

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

**Instructions**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

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**Florida Public Service Commission  
Division of the Commission Clerk and Administrative Services  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

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- ◆ If you have questions about completing the form, contact:

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**Florida Public Service Commission  
Division of Competitive Markets and Enforcement  
Certification  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

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Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc

Check received with filing and forwarded  
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2004 OCT -4 AM 9:49

DOCUMENT NUMBER-DATE  
10631 OCT-4 03  
FPSC-COMMISSION CLERK

1. Name of company or name of individual (not fictitious name or d/b/a):  
Martha Hegenbarth-Fowler

2. Name under which applicant will do business (fictitious name, etc.):  
MKM Telecommunications Services

3. Official mailing address:  
Street: 199 Russett Lane  
P.O. Box: \_\_\_\_\_  
City: Crossville  
State: Tennessee Zip: 38572

4. Florida address:  
Street: 9610 Pine Cone Drive  
P.O. Box: \_\_\_\_\_  
City: Cantonment  
State: FL Zip: 32533

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
**Florida Secretary of State**  
**Corporate Registration Number:** N/A

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

**Florida Fictitious Name**

**Registration Number:** 700041189007 604264900283

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

**Name:** Martha Hegenbarth-Fowler

**Title:** Owner

**Address:** 199 Russett Lane

**City/State/Zip:** Crossville, TN 38572

**Telephone No.:** 931-788-6625 **Fax No.:** 931-707-7598

**Internet E-Mail Address:** Marthaf@migonline.com

**Internet Website Address:** \_\_\_\_\_

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. **Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Internet E-Mail Address:** \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_

10. Partnership (continued)

b. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: Martha Hegenbarth-Fowler  
Title: Owner  
Address: 199 Russett Lane  
City/State/Zip: Crossville, TN 38572  
Telephone No.: 931-788-6625 Fax No.: 931-707-7598  
Internet E-Mail Address: marthaf@migonline.com  
Internet Website Address: \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Martha Hegenbarth-Fowler  
Title: Owner  
Address: 199 Russett Lane  
City/State/Zip: Crossville, TN 38572  
Telephone No.: 931-788-6625 Fax No.: 931-707-7598  
Internet E-Mail Address: marthaf@migonline.com  
Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

None  
\_\_\_\_\_  
\_\_\_\_\_

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List other states in which the applicant:

- a. Is currently providing pay telephone service.  
None - In process
- b. Has applications pending to be certified as a pay telephone provider.  
Alabama, Tennessee
- c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.  
None
- d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.  
None

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to

install/operate in the first year: 25-50

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
  - FULL-TIME TECHNICIAN
  - PART-TIME TECHNICIAN
  - SERVICE/REPAIR/MAINTENANCE CONTRACT
  - OTHER (Describe) \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT FEE STATEMENT\*\***

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of **0.15 of one percent** of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. APPLICATION FEE: I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

<u>Martha Hegenbarth-Fowler</u> Print Name	<u>Martha Hegenbarth-Fowler</u> Signature
<u>Owner</u> Title	<u>9-22-04</u> Date
<u>931-788-6625</u> Telephone No.	<u>931-707-7598</u> Fax No.
Address: <u>199 Russett Lane</u>	
<u>Crossville, TN 38572</u>	
<u> </u>	
<u> </u>	
<u> </u>	



## \*\*ACKNOWLEDGMENT\*\*

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

### UTILITY OFFICIAL:

Martha Hegenbarth-Fowler  
Print Name

Martha Hegenbarth-Fowler  
Signature

Owner  
Title

9-22-04  
Date

931-788-6625  
Telephone No.

931-707-7598  
Fax No.

Address: 199 Russett Lane  
Crossville, TN 38572  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: Martha Hegenbarth-Fowler  
MKM Telecommunication Services

*I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.*

Martha Hegenbarth-Fowler  
Print Name

Martha Hegenbarth-Fowler  
Signature

Owner  
Title

9-22-04  
Date

931-788-6625  
Telephone No.

931-707-7598  
Fax No.

Address: 199 Russett Lane  
Crossville, TN 38572  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

# State of Florida



## Department of State

I certify from the records of this office that MKM TELECOMMUNICATION SERVICES is a Fictitious Name registered with the Department of State on September 20, 2004.

The Registration Number of this Fictitious Name is G04264900283.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twentieth day of September, 2004



CR2EO22 (2-03)

*Glenda E. Hood*  
Glenda E. Hood  
Secretary of State

# State of Florida



## Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of MKM TELECOMMUNICATION SERVICES, registered with the Department of State on September 20, 2004, as shown by the records of this office.

The Registration Number of this Fictitious Name is G04264900283.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twentieth day of September, 2004



CR2EO22 (2-03)

*Glenda E. Hood*

Glenda E. Hood  
Secretary of State

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

DOCUMENT# G04264900283

**Fictitious Name to be Registered:** MKM TELECOMMUNICATION SERVICES

**Mailing Address of Business:** 199 RUSSETT LANE  
CROSSVILLE, TN 38572

**Florida County of principal place of business:** MULTIPLE

**FEI Number:**

**Owner(s) of Fictitious Name:**

HEGENBARTH-FOWLER, MARTHA E  
199 RUSSETT LANE  
CROSSVILLE, TN 38572 US

**FILED**  
**Sep 20, 2004**  
**Secretary of State**

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the electronic signature(s) below shall have the same legal effect as if made under oath.

MARTHA HEGENBARTH-FOWLER

09/20/2004

Electronic Signature(s)

Date

**Certificate of Status Requested (X)**

**Certified Copy Requested (X)**